

THIRD INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet

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of

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Application Number

09/856,904

Filing Date

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First Named Inventor

Ulrika Hagrud

Examiner Name

Catharine L. Anderson

Attorney Docket Number

000500-299

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| Examiner Initials | Document Number | Kind Code (if known) | Name of Patentee or Applicant of Cited Document | Issue/Publication Date (MM-DD-YYYY) |
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| Examiner Initials | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. |
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Examiner Signature



Date Considered

5/13/05

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with M.P.E.P. § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.